

**EXPORT-IMPORT BANK OF THE UNITED STATES**  
**NOTICE OF CLAIM AND PROOF OF LOSS**  
**FINANCIAL INSTITUTION BUYER CREDIT INSURANCE POLICY**  
**Class I and II**

Please send this completed form to :  
Export-Import Bank of the U.S., Asset Management Division  
811 Vermont Ave., NW, Washington, DC 20571 (202) 565-3600

Date Received: \_\_\_\_\_

Claim No.: \_\_\_\_\_

**SECTION A. NAMES AND ADDRESSES** (please provide full names and addresses)

<b>A.1 Insured</b>  <div style="display: flex; justify-content: space-between;"><div>Contact: Phone:</div><div>Fax: Telex:</div></div>	<b>A.4 Beneficiary</b>  <div style="display: flex; justify-content: space-between;"><div>Contact: Phone:</div><div>Fax: Telex:</div></div>
<b>A.2 Broker</b> <input type="checkbox"/> None  <div style="display: flex; justify-content: space-between;"><div>Contact: Phone:</div><div>Fax:</div></div>	<b>A.5 Exporter</b>  <div style="display: flex; justify-content: space-between;"><div>Contact: Phone:</div><div>Fax:</div></div>
<b>A.3 Buyer</b>  <div style="display: flex; justify-content: space-between;"><div>Contact: Phone:</div><div>Fax: Telex:</div></div>	

**SECTION B. CERTIFICATIONS OF INSURED**

Please note that the certification is subject to the penalties provided in Article 18 U.S.C. sec. 1001. The Insured certifies that (if any certification cannot be made, please explain):

1. it has completed and attached the following sections: ☐ A; ☐ B; ☐ C; ☐ D; ☐ E; ☐ F; ☐ G; ☐ H; ☐ I;
2. the amount claimed is presently owing by the Buyer;
3. it has not made any discounts, allowances, rebates or commissions, except as follows and has not made any payments to the Buyer (☐ None);
4. to the best of its belief, it has complied with the terms and conditions of the policy, all the information supplied in support of this claim is complete and true, and it has not withheld any material facts;
5. the rates of interest charged are legally valid and enforceable for the approved currency under the laws of the country of the Buyer/Issuing bank.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## SECTION C. RELEASE AND ASSIGNMENT

You have the option of completing and submitting this Release and Assignment with your claim submission. If you do, the release will operate upon negotiation of a claim payment check. This will expedite your claim payment in the event of claim approval. All claim calculations will be supplied for your acceptance prior to making payment. Please include corporate seal and notarization for the release.

WHEREAS the Export-Import Bank of the United States (Ex-Im Bank) issued an Export Credit Insurance Policy to the Insured; AND WHEREAS, the Insured has filed a claim under insurance policy \_\_\_\_\_ on the proof of loss dated \_\_\_\_\_; NOW, THEREFORE, the Insured and Ex-Im Bank agree as follows: In the event the claim is approved for payment and the Insured or its assignee or any agent negotiates a claim payment check, the Insured does release Ex-Im Bank from all claims, actions, and causes of action of whatsoever character and description which the Insured ever had, now has or hereafter can, shall or may have relating to this claim. AND, in further consideration of the claim payment by Ex-Im Bank, the Insured does assign to Ex-Im Bank, its successors and assigns, all right, title and interest in, and all sums of money now due, or to become due, to the Insured from the Buyer under the transactions and accounts relating to the Claim, and any and all contracts, security and evidences of indebtedness relating thereto; to have and to hold the same, with full power, at their own cost, to collect and enforce the same, for their own use and benefit by any action or proceeding in the name of the Insured or otherwise, and to take all legal steps as they deem proper or necessary in connection herewith.

In witness whereof, the Insured has caused this instrument to be sealed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Name of Insured)

By: \_\_\_\_\_

(Seal)

Attest: \_\_\_\_\_

( Secretary)

State of \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_ a notary public in \_\_\_\_\_ and  
for the aforesaid County and State, do hereby certify that on this day, before me personally

came \_\_\_\_\_ to me known, who, being duly sworn, did depose and say that he is

the \_\_\_\_\_ of \_\_\_\_\_, the corporation described in and which  
executed the above instrument; that he knows the seal of said corporation; that the seal affixed to said instrument was such  
corporate seal; that it was so affixed by order of the board of directors of said corporation, and that he signed his name thereto  
by like order.

In witness whereof, I have hereunto set my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

**SECTION D. POLICY INFORMATION**

Policy No.: _____	Credit Limit Amount: _____
Effective Date: _____	Claim Payment Limit Amount: _____
Expiration Date: _____	

**SECTION E. CLAIM INFORMATION**

Date of Premium Payment:	Policy Provision Claimed Under Article 1: <input type="checkbox"/> Risk 1 <input type="checkbox"/> Risk 2 <input type="checkbox"/> Risk 3 <input type="checkbox"/> Risk 4
Funding Date(s)	
Credit Terms:	
First Default Date:	
Product(s)	

## SECTION F. CLAIM DOCUMENTATION

ALL CLAIMS - Please check "Enclosed" if the document is enclosed or "Not Applicable" if the document is not applicable to your transaction:

- |   |                                   |   |
|---|-----------------------------------|---|
| 1. Exporter's Certificate   | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 2. Beneficiary's Certificate  | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 3. Transport Document   | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 4. Invoice  | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 5. Overdue Report   | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 6. Evidence of Payment to Exporter/Beneficiary                              | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 7. A Document Showing Written Demand on Buyer<br>and Guarantor              | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 8. Documents Required by Declarations to<br>Evidence the "Buyer Obligation" | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 9. Promissory Notes(s)  | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 10. Draft(s)  | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 11. Credit Agreement or Loan Agreement                                      | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 12. Evidence of Drawdown of Funds   | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |
| 13. Other   | <input type="checkbox"/> Enclosed | <input type="checkbox"/> Not Applicable |

A. have any funds been received from the Buyer which are available to offset claim amounts?

☐ Yes ☐ No

If so, how much? \_\_\_\_\_

B. Use the space provided below to add any comments you wish to make regarding this claim including a summary of the events leading up to this claim.

## SECTION G. INSURED TRANSACTIONS

All outstanding insured shipments made to the buyer must be scheduled and included with this claim whether or not a shipment is presently eligible for coverage. For example, if there are two insured invoices outstanding to a buyer and only one is eligible for claim filing, the second invoice should be included as part of this claim filing.

If transactions were made in more than one policy year, please complete a separate Schedule G for each policy year.

Policy Year \_\_\_\_\_ to \_\_\_\_\_  
 Month Day Year Month Day Year

ALL CLAIMS									
Invoice Number	Funding Date	Funding Amount	Interest To Due Date	Interest From Due Date to 180 Days After	Principal Partial Payment	Interest Partial Payment	Date Interest Paid Thru	Credit Terms	Due Date(s)

Total Gross Invoice: \_\_\_\_\_

Are there any uninsured amounts with this buyer? ☐ Yes ☐ No

If so, please indicate how much \$ \_\_\_\_\_

Why are these shipments uninsured? \_\_\_\_\_

**SECTION H. CALCULATION OF ELIGIBLE LOSS**

**Total principal amount outstanding under insured transactions:**

\$ \_\_\_\_\_

Please check the coverage which was elected under the policy:

☐ Fixed Rate    ☐ Floating Rate

(+) Plus interest at \_\_\_\_\_ to maturity dates:  
(credit agreement rate)

\_\_\_\_\_

(+) Plus interest at \_\_\_\_\_ from maturity date to 180 days after maturity date:  
(contract rate)

\_\_\_\_\_

Please enclose interest calculations for the above.

**(-) Minus**

a. Total buyer payments:

(\_\_\_\_\_)

b. Other credits, discounts and allowances:

(\_\_\_\_\_)

c. Funds received from any other source:

(\_\_\_\_\_)

**Net Loss:**

\$ \_\_\_\_\_

**Net Loss x Coverage** \_\_\_\_\_ %

\$ \_\_\_\_\_  
(eligible loss)

**SECTION I. Risk I**

Please complete the following if a deposit has been made by the buyer.

Invoice or Reference No.	Import Permit or Registration No.	Amount of Deposit: Indicate Full (F) or Partial (P)		Applicable Rate for Deposit	Date of Deposit	Deposit within 90 Days of Due Date?		Name of Depository
		Principal	Interest			Yes	No	